This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.

+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.

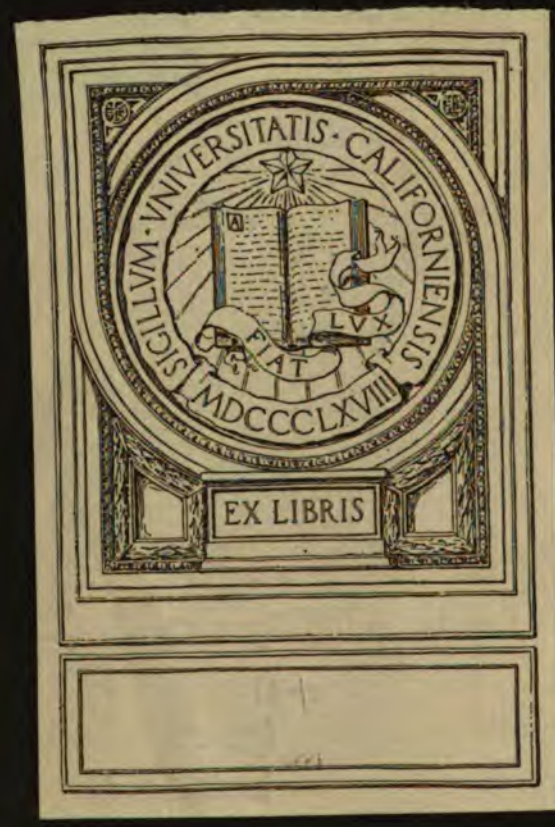
+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.

+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`

M
921
R5
UC-NRLF
$B 142 213


SIGILLVM · VNIVERSITATIS · CALIFORNIENSIS
LVX
FIAT
MDCCCLXVIII
EX LIBRIS

MIND AND MEDICINE

A LECTURE

DELIVERED IN THE JOHN RYLANDS LIBRARY ON THE
9TH APRIL, 1919

BY

W. H. R. RIVERS, M.D., D.Sc., F.R.C.P., F.R.S.

FELLOW AND PRÆLECTOR IN NATURAL SCIENCES, ST. JOHN'S COLLEGE, CAMBRIDGE

Reprinted from "The Bulletin of the John Rylands Library"
Vol. 5, *Nos.* 3 *and* 4, *April-October*, 1919

SECOND EDITION

MANCHESTER: AT THE UNIVERSITY PRESS
LONGMANS, GREEN & COMPANY
LONDON, NEW YORK, CHICAGO, BOMBAY, CALCUTTA, MADRAS
1920

RECENT AND FORTHCOMING PUBLICATIONS OF THE JOHN RYLANDS LIBRARY.

CATALOGUE OF THE DEMOTIC PAPYRI IN THE JOHN RYLANDS LIBRARY. With facsimiles and complete translations. By F. Ll. Griffith, M.A. 1909. 3 vols. 4to. 3 guineas *net*.

Vl. 1 : Atlas of facsimiles in collotype. Vol. 2 : Lithographed hand copies of the earlier documents. Vol. 3 : Key-list, translations, commentaries, and indexes.

*** This is something more than a catalogue, since it includes collotype facsimiles of the whole of the documents, with transliterations, translations, valuable introductions, very full notes, and a glossary of Demotic, representing, in the estimation of scholars, the most important contribution to the study of Demotic hitherto published.

CATALOGUE OF THE COPTIC MANUSCRIPTS IN THE JOHN RYLANDS LIBRARY. By W. E. Crum M.A. 1909. 4to, pp. xii, 273. 12 plates of facsimiles, in collotype. 1 guinea *net*.

*** The collection includes a series of private letters considerably older than any in Coptic hitherto known, in addition to many manuscripts of great theological and historical interest. Many of the texts are reproduced *in extenso*.

CATALOGUE OF THE GREEK PAPYRI IN THE JOHN RYLANDS LIBRARY. By Arthur S. Hunt, M.A., Litt.D., J. de M. Johnson, M.A., and Victor Martin, D. ès L. Vol. 1 : Literary texts (Nos. 1-61). 1911. 4to, pp. xii, 204. 10 plates of facsimiles in collotype. Vol. 2 : Documents of the Ptolemaic and Roman periods (Nos. 62-456). 1916. 4to, pp. xx, 488. 23 plates in collotype. Each volume 1 guinea *net*.

*** The texts are reproduced *in extenso*, and comprise many interesting Biblical, liturgical, classical papyri, and non-literary documents of an official or legal character ranging from the third century B.C. to the sixth century A.D.

SUMERIAN TABLETS FROM UMMA IN THE JOHN RYLANDS LIBRARY. . . . Transcribed, transliterated, and translated by C. L. Bedale, M.A. . . . With a Foreword by Canon C. H. W. Johns M.A., Litt.D. 4to, pp. xvi, 16, with ten facsimiles 5*s*. *net*.

*** This thin quarto consists of a description of fifty-eight tablets, forming part of the collection recently acquired by the library.

A CLASSIFIED CATALOGUE OF THE WORKS ON ARCHITECTURE AND THE ALLIED ARTS IN THE PRINCIPAL LIBRARIES OF MANCHESTER AND SALFORD, with alphabetical author list and subject index. Edited for the Architectural Committee of Manchester by Henry Guppy and Guthrie Vine. 1909. 8vo, pp. xxv, 310. 3*s*. 6d. *net*, or interleaved 4*s*. 6d. *net*.

*** This catalogue is the first of its kind to be issued, with the exception of a few union lists of periodicals and incunabula.

AN ANALYTICAL CATALOGUE OF THE CONTENTS OF THE TWO EDITIONS OF "AN ENGLISH GARNER," compiled by Edward Arber (1877-97), and rearranged under the editorship of Thomas Seccombe (1903-04). 1909. 8vo, pp. viii, 221. 1*s*. *net*.

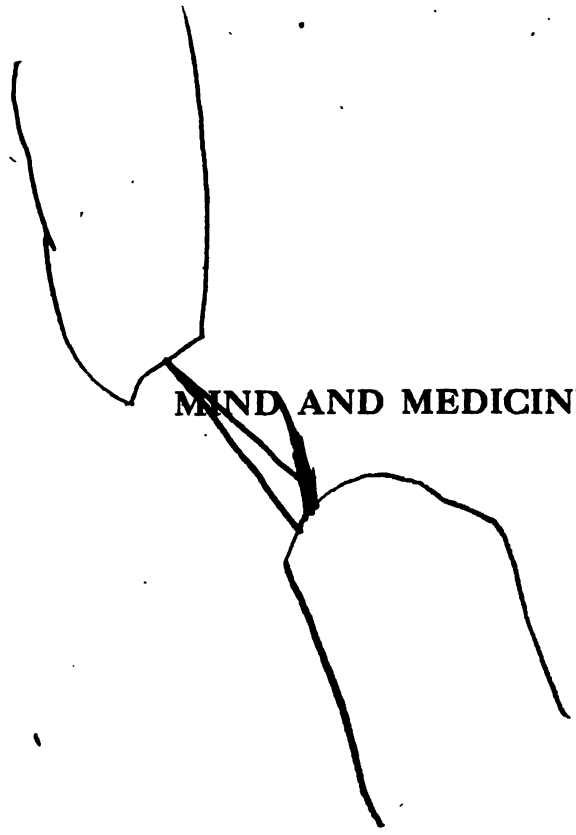
A BRIEF HISTORICAL DESCRIPTION OF THE LIBRARY AND ITS CONTENTS, illustrated with thirty-seven views and facsimiles. By Henry Guppy. 1914. 8vo, pp. xvi, 73, and thirty-seven illustrations. 6d. *net*.

THE JOHN RYLANDS FACSIMILES. A series of reproductions of some of the more interesting and important of the rarer books in the possession of the library. The volumes consist of minutely accurate facsimiles of the works selected, preceded by bibliographical introductions.

1. PROPOSITIO JOHANNIS RUSSELL, printed by William Caxton, *circa* A.D. 1476. . . . With an introduction by Henry Guppy. 1909. 8vo, pp. 36, 8. 3*s*. 6d. *net*.

*** An oration, pronounced by John Russell, Chancellor of England, on the investiture of Charles, Duke of Burgundy, with the Order of the Garter, in February, 1469, at Ghent.

For many years the copy now in the John Rylands Library was considered to be unique. Until 1807 it lay buried and unnoticed in the heart of a volume of manuscripts, with which it had evidently been bound up by mistake. Since then, another copy has been discovered in the library at Holkam Hall, the seat of the Earl of Leicester.



MIND AND MEDICINE

life known as magic, but this aspect is less capable of definition than religion and needs analysis into several distinct elements. One of these is certainly degenerate religion, beliefs and rites no longer implying any reference to higher powers which at one time formed their motive and sanction.

The great majority of the measures by which existing savage peoples attempt to cope with disease fall into one or other of the two categories of religion and magic. All that we know of the history of mankind suggests that it was only after long ages, and in some few parts of the earth, that Man reached a conception of disease according to which it is ascribed to processes similar to those underlying modern systems of medicine. The emergence of medicine from its intimate associations with religion and magic is closely connected with the gradual substitution of the concept of physical causation for the spiritualistic agencies of the animism which formed the early attitude towards nature. The growth of medicine is closely bound up with the development of the concept of a natural world as opposed to a world we now regard as supernatural.

All the evidence at our command goes to show that as Man relinquished his early animistic interpretation of the universe, this was replaced by explanations of a materialistic kind. In so far as events were not ascribed to spiritual beings or to direct human agency, they were believed to depend on the action of material agents. The agents thus supposed to be effective in the production of disease during the history of medicine have been of two chief kinds. Among peoples who have been especially influenced by beliefs concerning animals, this branch of creation has been prominent in their theories concerning the production of disease. Elsewhere the evident connection of the blood with life has led to the belief that disease is predominantly due to an altered character of this fluid, and this belief formed the starting-point of the humoral pathology which for so many centuries formed the basis of medicine. The two great developments of our own time in medicine have followed these two main lines of early belief. For the worms and snakes[1] of savage medicine have been substituted the microscopic and ultra-microscopic organisms of the germ theory of dis-

[1] When these early beliefs are regarded as previsions of the germ-theory it should be remembered how naturally they follow from the general beliefs concerning animals characteristic of certain forms of human culture.

ease, while the place of the old humours has been taken by the alteration in the proper proportion of internal secretions which is now coming to be recognised as the immediate cause of so many morbid states.

During the long period in which medicine was occupied in substituting these material agents for the spiritual beings to which all disease was once ascribed, little if any room was left for agencies which come within the modern connotation of mind.

When Man thought of the production of disease by other than material agents, his concept of the activity involved was very different from that of "mind" as held by ourselves, or at any rate by the psychologist. The agency to which he ascribed disease was spiritual rather than mental, and was conceived as having form and capacity for independent existence. It might be a spirit which had never been human or had human associations, or one which had once had a human habitation but had come through the death of its host to acquire an independent existence, or lastly, it might be a soul which still had its customary seat within a human body, but could leave it in sleep or trance to act as the producer of disease.

Though at this stage of human culture there is no trace of the modern concept of mind as distinguished from spirit, we can see clearly that most of the processes by which disease was thought to be produced, and was treated, are such as would act through the mind. The manifold lines of treatment by which human or spiritual agents were induced to cure disease acted, if they were successful, through the agency of faith and suggestion. The curative measures which are still being employed by many peoples, act through the same processes and owe their success to the faith they inspire or to the more mysterious property we call suggestion.

It is necessary, however, to distinguish the production and treatment of disease by agencies acting through the mind from the knowledge that the measures used act in this manner. Though remedies acting through the mind were probably the earliest to be employed by Man, the knowledge that the remedies act in this way is one of the most recent acquirements of medicine. It is said that the Japanese of the sixteenth century understood the action of remedies through the mind,[1] while the great importance attached by the Hindus to the

[1] M. Neuburger, *History of Medicine*, London, 1910, vol. i., p. 78.

mental, as opposed to the material, makes it probable that they also had more than an inkling of the rôle of mental factors in the treatment, if not in the production, of disease. How far this may be so must be left to special students who will examine the original authorities with an eye to the possibility that the agencies in which these peoples believed were spiritual rather than mental in nature. If we confine our attention to our own culture, it is only within the last fifty or sixty years that there has been any clear recognition of the vast importance of the mental factor in the production and treatment of disease, and even now this knowledge is far from being fully recognised either by the medical profession or the laity.

For the first definite movement in this direction we have, as so often happens in the history of human culture, to thank external influence, in this case that of India. The first great stimulus to the study of the mental factor in disease came from the need to understand the mysterious action of hypnotism. Though this agency had long been known in Europe as in all other parts of the world and had been brought prominently to notice at the end of the eighteenth century by the activity of Mesmer, the knowledge which the Abbé Faria brought to Europe from India acted as a great stimulus to its scientific study, in which Braid of Manchester holds a foremost place, while the later experience of Esdaile in India did much to help the practical utilisation of hypnotism in this country.

About this time there was setting in the wave of materialism which was to dominate European thought for many years. Under this influence the new agent was regarded as a form of magnetism or other physical force. It was only slowly that there came into being the now generally accepted view that the agency through which hypnotism produces its effects is suggestion. This is a process comparable with volition, imagination, or other similar concepts which, wholly devoid of any implication of the independent action of a spiritual being, had been reached by the new and slowly developing science of psychology. The study of hypnotism and allied processes led students to distinguish clearly the important influence of suggestion in the production and treatment of disease.

The phenomena of hypnotism having led students to the definite recognition of the mental factor in medicine, it was natural that attention should be directed to the influence of other mental conditions.

This development followed many directions. The general public, less under the influence of the prevailing materialism of science than the medical profession, and more ready to accept any new doctrine which could be made to harmonise with the old spiritualistic view of disease, adopted with enthusiasm many new systems of healing. In most of these the vast power of religious faith was explicitly recognised. In some, such as Christian Science and the "New Thought," etc., the cardinal element of faith was made the starting-point of intellectual constructions which gave, or seemed to the believers to give, a rational basis for the success that these new movements so often obtained. At the same time, within the medical profession, especially among French-speaking peoples, there came into existence a definite system of psycho-therapeutics in which suggestion and other agencies were assigned their rôles, and principles were laid down to indicate the scope of these agencies and the means of turning them to best advantage. In Switzerland P. Dubois [1] laid stress on the helpfulness of explaining what he called the philosophy of disease, while in France J. Déjérine and E. Gauckler [2] in more scientific fashion, compiled a most valuable text-book of the principles and methods of psycho-therapy.

Independently, growing out of dissatisfaction with the practical use of hypnotism, a third line of approach was taken by the Viennese physician, Sigmund Freud. It had been found by earlier workers that hypnotism was often the means of reaching experience which had been so completely forgotten that by no effort of the will could it be recalled. Working in conjunction with Breuer,[3] Freud found the process of bringing these buried memories to the surface led to the disappearance of hysterical symptoms of long duration, and the two authors founded upon this experience a theory of hysteria according to which its symptoms are the indirect expression of old mental injuries (traumata), especially those of early childhood.

Later, Freud found that the buried memories which manifested

[1] *Les Psychonévroses et leur traitement moral*, Paris, 1908; translated by S. E. Jelliffe and W. A. White as "The Psychic Treatment of Nervous Diseases," New York and London, 1906.

[2] *Les Manifestations fonctionelles des Psychonévroses*, Paris, 1911; translated by S. E. Jelliffe as "The Psychoneuroses and their Treatment by Psychotherapy," Philadelphia and London, 1913.

[3] S. Freud, *Selected Papers on Hysteria and other Psychoneuroses* (Nervous and Mental Disease Monograph Series, No. 4), New York, 1912.

themselves in this morbid manner could be brought to the surface more securely and with greater therapeutic efficacy, though less expeditiously, without the aid of hypnotism. By means of his method of free association, starting as a rule from clues provided by dreams, Freud was led to formulate a theory of the unconscious and an elaborate scheme of the mechanism by which it is related to and acts upon the conscious. In the course of this work Freud was led to the conclusion that the mental experience which had been cut off from the general body of consciousness was nearly always connected with sex. His work, and still more that of his disciples, came to deal so exclusively with sexual factors that the general body both of the medical profession and the laity refused to give this movement the attention it deserved. They failed to recognise the immense importance of the mental mechanisms laid bare by Freud's method of analysis, and the body of evidence which was thereby provided to illustrate the influence of the unconscious.

One of the most important aspects of Freud's work was that the rôle he assigned to the unconscious enabled him to adopt in the most complete manner the principle of determinism within the mental sphere which had been of such value in the progress of physical science. It is essential to this progress that the student shall believe implicitly, or at the least, act as if he so believe, that every physical event has its physical antecedent, without the presence of which it would not itself have come into existence. The progress of physical science depends largely on the robustness of the faith in this law of causation which allows no residue or anomaly, however insignificant it may seem, to be put on one side as due to chance or accident. The successful worker in science makes such residue or anomaly the subject of patient investigation until its occurrence has been traced to its antecedents, antecedents which may open new paths to the understanding of experience which till then had had no adequate explanation.

So long as the attention of students of mind was confined to the sphere of the definitely conscious, there was no opening for the application of a similar doctrine of determinism within the sphere of the mental. Recognising that the principle of psychical determinism must hold good if psychology is to become a science, some students had put forward hypothetical mental dispositions where no antecedents could be detected in consciousness, but these were too vague to be of any

assistance in research. It is of no service to postulate a disposition of which one knows nothing, which stands in no known relation to any other part of a construction. Other students definitely threw over any attempt to apply the principle of determinism within the sphere of mind, and were content to seek for physical causes in the form of physiological processes or dispositions whenever the study of conscious process failed to provide an adequate explanation.

The special value of Freud's work is due to the fact that he was not content merely to put forward unconscious dispositions as the antecedents of changes in consciousness, but was enabled by the knowledge derived from his analyses to formulate a definite scheme of the unconscious region of the mind and of its relation to the conscious. This scheme is of necessity to a large extent hypothetical, and as with all hypotheses of such complexity, it will certainly require modification, but growing experience is pointing more and more surely to the truth of its main assumptions.

Five years ago, before the outbreak of the war, many were coming to acknowledge the great importance of mental factors in the production and cure, not only of diseases obviously mental in nature, but also of many which had been held to be wholly physical. There was, however, no general agreement concerning the principles which should underlie a system of psychological medicine. There was even no general belief in the possibility of principles which could act as the basis and inspiration of research. From the one system which could have provided such basis and inspiration the majority of workers were estranged, partly owing to the undue weight laid upon sex by its adherents, partly owing to the unsatisfactory form in which the new doctrines had been put before the public.

The effect of their recent experience upon the opinions of the medical profession has been profound. Perhaps the most striking feature of the war from the medical point of view has been the enormous scale upon which its conditions have produced functional nervous disorders, a scale far surpassing any previous war, although the Russo-Japanese campaign gave indications of the mental and nervous havoc which the conditions of modern warfare are able to produce. While certain of these disorders are the result in part of physical causes, such as cerebral concussion or illnesses specially affecting the nervous system, it has gradually become clear, even to the firmest believer in the

dependence of mind on body, that in the great majority of cases the conditions upon which the disorder depends are purely mental. All are coming to see the profound effect of mental shock and strain in weakening the powers of control by which instinctive processes are normally held in check, if not completely suppressed. Moreover, it has become clear that in the vast majority of cases the morbid processes which have been set up by shock or strain are not connected with the sexual instinct, but depend on the awakening of suppressed tendencies connected with the still more fundamental instinct of self-preservation. While the nature of the war-neuroses is satisfactorily explained by the Freudian mechanisms of suppression, conversion, defence-reaction, compromise-formation, etc., they lend no support to the exclusively sexual origin of neurosis which had been the chief obstacle to the general acceptance of Freud's doctrines. It cannot yet be said that the essential features of these doctrines have met with general acceptance, but the state of the matter is now very different from the widespread neglect, or even reprobation, which existed before the war. The great majority of students of the neuroses are now prepared to consider Freud's position, to accept such parts of his doctrine as seem to them supported by the facts, and to suspend judgment concerning those parts for the truth of which they do not deem the existing evidence sufficient.

I have dealt at length with the controversial topic of Freud's views concerning the neuroses because he, more than any other worker, has emphasised the mental factor in disease, and more thoroughly than any one else has based his work on a determinism which is as essential to the progress of psychology and psycho-pathology as determinism within the physical sphere is essential to the progress of the sciences which deal with the material world.

In the foregoing sketch of the history of the relations between mind and medicine I have considered at some length one of the most important principles of psychological medicine, viz., the principle of psychical determinism. This principle is of especial importance in connection with the art of diagnosis, for only those who believe firmly that every mental symptom has its mental antecedent will have the patience and courage to probe deeply enough into the history of a patient. They will not rest content until they have discovered, not only the events which acted as the immediate conditions of the disease,

but also those factors producing the special qualities of the patient's mental constitution which made it possible for these conditions to produce so great and so disastrous an effect. A firm belief in the principle of psychical determinism is the most important condition of success in the diagnosis and treatment of functional nervous disorders.

I propose now to consider some other of the more important principles which underlie success in the treatment of these disorders. One such principle may be regarded as a consequence of psychical determinism. It is a general rule of medicine that the physician must not be content to treat symptoms, but having traced these symptoms to their source, should by suitable remedies attack this source and treat the symptoms through the conditions by which they have been produced. This principle holds good for psychological medicine. If it is believed that the symptoms have been produced by psychical factors, it will follow that the remedies must also be psychical in nature. I do not suppose that even the crudest materialist, having once acknowledged that the symptoms depend upon a fright in childhood, a reproach concerning a misdemeanour in youth, or an anxiety in adult life, would expect to produce any permanent improvement by the administration of a drug or the performance of a surgical operation. It must be pointed out, however, that such measures may be successful in some cases, not merely through their psychical effect, but because, by removing secondary disturbances, they may break a vicious circle and thereby give an opening for the action of intrinsic mental forces working towards recovery. The *vis medicatrix naturæ* applies in the mental as well as in the material sphere.

Another principle which is now meeting with general acceptance in psychological medicine is that functional nervous and mental disorders depend essentially on disturbance of the instinctive and emotional or affective aspects of the mind. It is now widely acknowledged that in the attempt to get back to the roots of these disorders it is necessary to look for experience which had a strong emotional tone. This principle has long been more or less explicitly recognised, and underlies such general beliefs as are expressed in the adage that it is worry and not work which kills. But it is only recently that we have learnt to appreciate the extent of its application and to use it in treatment as a guide of the first importance. It has long been known that in the more explicitly mental disorders of insanity, no good is done by reasoning

with the patient as a means of countering his delusions. It seems even that such reasoning may only intensify and fix the delusions by driving the patient to adopt the part of an advocate. We now see that this is a necessary consequence of the emotional basis of the disorder. The delusions are the product of a process of rationalisation by means of which the patient has tried to account for his abnormal emotional state. Treatment directed to these secondary products wholly fails to touch the deeper and essential factors.

The modern theory of emotion connects it closely with instinct. There is reason to believe that the emotional factor in neurosis is the expression of some instinctive tendency which has been suppressed on account of its incompatibility with social standards. Neurosis occurs when, through some shock or strain, the agencies which keep the tendency in check are weakened, allowing it again to come into conflict with social standards. The form which the neurosis takes depends on the process by which Nature attempts to solve this conflict.[1]

I must be content with this brief description of some of the more important principles upon which rests our modern system of psychotherapy, and pass on to consider some of the main agencies which are utilised by the practitioners of this branch of medicine. I shall lay stress especially on the three agencies of self-knowledge, self-reliance, and suggestion.

The agency of self-knowledge, which, following Dr. W. Brown, I have elsewhere [2] called autognosis, covers a wide field in which two main sections can be distinguished. Where the morbid state depends on some experience or tendency which lies within the region of the unconscious, self-knowledge as a therapeutic agency will consist in bringing the buried and unconscious experience to the surface. The unconscious experience has to be brought into relation with the general body of experience which is readily accessible to consciousness and so made part of it that it ceases to act as a separate force in conflict with the general body of conscious experience.

The other main form of the agency of self-knowledge comprises

[1] See *British Journ. Psych.*, 1918, vol. ix., p. 236, and *Mental Hygiene*, 1918, vol. ii., p. 513.

[2] Art. "Psycho-therapeutics," Hastings' *Encyclopædia of Comparative Religion and Ethics*, vol. x., p. 433. This article may be consulted for information concerning other therapeutic agencies which I do not consider in this lecture.

the processes by which a sufferer is brought to understand elements of conscious experience which are being misinterpreted, and through this misunderstanding are helping to maintain, even if they did not help to produce, the morbid state.

Between these two forms lie a large variety of processes in which there is a mingling of the unconscious and conscious elements brought into relation with one another, thus doing away with the conflicts upon which the disorder depends and restoring harmony within the personality.

It may seem that the rôle here assigned to the process of self-knowledge is in contradiction with what has been said earlier concerning the failure of appeal to the intellectual and the necessity of attacking ing the instinctive and emotional basis of the disorder. The intellectual element, however, though secondary, is present and must not be neglected. Experience shows that, while the direct attack upon the intellectual aspect of a neurosis or psychosis will fail, a line of treatment in which the intelligence of the patient is brought to bear on the part taken by instinctive and emotional factors in the production of his illness may be of the utmost value. Indeed, success in treatment depends largely on the possibility of diverting the intellectual activity from a channel which is forcing it into an asocial or antisocial direction and leading it into one which will again enable the patient to live in harmony with the society to which he belongs.

Where the sufferer from neurosis is intelligent, the mere exposure of the faulty trend and the demonstration of the process in which this trend took its origin may be sufficient. The patient only needs to be started on the right path and his own intelligence will lead him back to health and happiness. In other cases the faulty trend has been so long in action that a lengthy process of re-education may be necessary to put the morbid process in the proper light, and reduce the power which through habit has been acquired by the secondary products of the morbid process. In other cases, again, the intelligence of the patient may not be sufficient to enable him to solve the conflict unaided, and the process of re-education has to assist the patient to understand the nature of his disorder and the processes by which he can again place his steps upon the path of health.

The next agency I have to consider is one which may be summed up under the term self-reliance. There is a pronounced tendency for

sufferers from neurosis to avoid the unpleasant at all costs. Since all social duties, even those in which the nearest relatives are involved, are liable to become irksome or positively distressing, the patient seeks quiet and solitude, and if left alone these antisocial tendencies may become a habit, converting one who before his illness was a social favourite into a recluse or misanthrope. Aches and bodily discomforts which in health are disregarded, and when so treated soon cease to annoy, are liable in neurosis to grow in intensity and insistence. They may so absorb the attention that the sufferer's efforts are exclusively devoted to the avoidance of all conditions, such as noise and excitement, which aggravate, or seem to him to aggravate, his troubles. He is apt to resort to drugs, either at his own or his physician's instance, and since these are merely palliative and do not touch the roots of his malady, they only serve to accentuate his pains and worries, even if he escapes the greater evil of a definite drug-habit. He strives to banish from his mind all distressing thoughts and memories, including experience so arresting that, if his efforts were not exclusively turned towards the avoidance of immediate pain, he would at once recognise the futility of his attempt.

One of the first steps in the treatment of such cases is to persuade the patient to forego any adventitious aids, such as drugs or electricity, upon which he has come to rely. Assisted by a process of re-education designed to show their subjective nature, he must be encouraged to fight his pains and discomforts by his own strength. He must be convinced of the futility of his attempts to escape from the thoughts and memories which distress him and shown by trial that when these painful experiences are faced they are far less terrible than they seem to be when kept at a distance. He must be encouraged to mix with his fellows in spite of the immediate discomfort which this produces, and here again he must learn by experience that the pains of the reality do not equal those of anticipation.

The policy of facing his troubles instead of running away from them has certain effects of a far-reaching kind which are due to a special mode of reaction of the mind when in the presence of the painful. By repressing unpleasant thoughts and memories the patient is assisting a process by which we tend to suppress painful experience and dissociate it from the general body of consciousness. When thus suppressed and dissociated, however, such experience does not cease

to exist, but by its activity produces many of the most painful features of the illness, distressing dreams and nightmares being the symptoms which form the most direct consequence of the repression and suppression. By facing his troubles in place of striving to banish them, the dreams or other troubles due to repression may disappear or so alter their character as not to interfere with comfort and health.[1] Owing to the malign power of repressed experience, the policy of facing the painful may have effects reaching far more widely than might be expected from the normal experience of health that a trouble faced loses half its terror.

The third agency I have to consider is suggestion. Though this term is freely and confidently used in psychological medicine, there is little agreement concerning its exact meaning, and much is included among its activities which has little to do with it in nature.[2] I use the term for a process which belongs essentially to the instinctive side of mind. It is the representative in Man of one aspect of the gregarious instinct, the instinct which makes it possible for all the members of a group to act in unison so that they seem to be actuated by a common purpose. According to this view it is a process which differs essentially in nature from those mental processes which produce uniformity of behaviour by endowing the members of a group with a common idea or a common sentiment. Its activities lie definitely within the unconscious sphere so that when the physician employs suggestion consciously, he is using in an artificial manner an agency which belongs properly to the region of the unconscious.

The most striking form in which Man has come to use suggestion consciously and wittingly is hypnotism. All gradations are met in practice between this definitely conscious use and cases in which the physician acts upon his patient and moulds him to his will by the unconscious process of suggestion, without recognising the true nature of the process which is taking place. As a rule the more unwitting the use of suggestion, the greater is its power and efficacy. On this foundation rests the success of quacks, for they advocate and use their

[1] For examples of the beneficial effects of this kind see *The Repression of War Experience*, Proc. Roy. Soc. of Med., 1918 (Section of Psychiatry), vol. xi., p. 1.

[2] For its distinction from faith as a therapeutic agency, see Art. "Psychotherapeutics" in Hastings' *Encyclopædia*.

nostrums in blissful ignorance of the process upon which their efficacy really depends. The physician who knows enough to distinguish between the influence of suggestion and other modes of action a remedy possesses, may signally fail to attain the success of the quack, because the instinctive process of suggestion is not being employed in the manner natural to it.

One of the greatest difficulties of psychological medicine arises out of the opposition, if it be not definite incompatibility, between suggestion and the group of agencies which rest upon the principle of self-reliance. The action of suggestion can never be excluded in any form of medical treatment, whether it be explicitly designed to act upon the mind or whether ostensibly it is purely physical in character. It is when suggestion is used wittingly, and especially when it is directed to produce a definite hypnotic or hypnoidal state, that the conflict with the principle of self-reliance becomes most definite. In these cases the patient is definitely led to rely on a power, in this case that of the physician, other than his own. Even when, as in the most recent developments of hypnotic treatment, suggestions are given in the hypnotic state designed to strengthen the self-reliance and volitional control of the patient, he cannot have the confidence, and especially the confidence in the future, which is given by a recovery which he can clearly trace to his own efforts. The whole process differs essentially from that in which the action of the physician has been limited to helping the agency of self-knowledge and placing the steps of the patient on the right path. Even if the hypnotic suggestion should succeed in strengthening the will and assisting the patient to face his troubles, his satisfaction and confidence must in some degree be tarnished by the knowledge that this result is due to the action of another person and not to his own activity.

There is also a certain amount of conflict between hypnotic treatment and remedies which rest on the principle of self-knowledge. We do not yet understand the nature of hypnotism. Even to the physician this remedy partakes of that mysterious character which belongs to aspects of nature which have not yet been brought into relation with the rest of our scientific knowledge. To the patient, this mystic character must be far greater. In a fully satisfactory system of mental medicine the treatment should follow logically from the pathology. The remedies should stand in a definite and intelligible relation to the

causes by which the illness has been produced and the processes by which these causes have produced their effects. The intrusion of a mysterious agency interrupts the continuity of blended diagnosis and treatment. It disturbs the process by which the patient is led towards recovery by knowledge of the conditions through which he was led astray.

In spite of these difficulties arising out of conflicts with the main principles of psycho-therapy, there are certain cases in which the use of hypnotism is justified. A faulty trend of thought or conduct may by habit have become so fixed that it requires a process more drastic than mere persuasion to break it, or the unaided strength of the patient may be insufficient to enable him to stand up against the pains or horrors of his malady. In such cases the experience which has produced or helped to produce his illness may by this treatment be buried still more deeply than before ; no lasting and complete success can be expected unless the treatment is continued sooner or later in accordance with the leading principles of self-knowledge and self-reliance. If however, the patient can be protected from undue stress, hypnotic or other form of suggestive treatment may enable him to pass through life without manifest nervous or mental disorder.

Another and perhaps more legitimate mode of using hypnosis is in the interest of diagnosis. Dissociated or forgotten experience may be recovered more speedily by means of hypnosis than by the process of free association, the analysis of dreams, or other means of gaining access to the unconscious. Such use of hypnotism as an instrument of self-knowledge need interfere very little with the principle of self-reliance, the hypnotic process merely giving the knowledge from which the therapeutic process starts and upon which it is based.

Though hypnotic treatment can thus be justified in certain cases, it is rarely necessary. It is generally used, firstly, as a short cut to immediate results without regard to the future, and secondly, because the striking and theatrical character of these results greatly impresses a public accustomed to consider the needs of the moment as more important than a complete and lasting cure.

I must be content with this brief account of a few of the more important principles of mental therapy and of the agencies which are available in putting these principles into practice. I shall conclude this lecture by pointing out that these basic principles of mental

medicine are also those of all sound systems of education and underlie success in social life, in health as well as in disease.

In the case of one process, the attainment of self-knowledge as a means of treatment, the resemblance with a social process of normal health is so obvious that the physician has come to use a term derived therefrom. The process by which a faulty trend of feeling, thought, or conduct is diverted into a more healthy channel is generally known as re-education. This only differs from the ordinary process of education in the nature of the knowledge and attitude to be acquired. The agency of self-reliance, which I have made of such fundamental importance in psycho-therapy, is of equally great importance in education, though this importance is inadequately recognised in modern educational practice. This failure is due to the fact that it is far easier to pour facts into a pupil than to develop an attitude of mind, just as it is far easier to pour medicine into a patient than to instil hope, patience, and self-reliance.

The influence of suggestion in education resembles in many respects that which I have assigned to it in medicine, and is of especial importance owing to the great suggestibility of children. The importance lies in the power of suggestion in relation to that function of education by which it develops an attitude of interest in the intellectual, the beautiful, or the noble. Nothing assists the development of such an attitude more than the mental atmosphere which the teacher has produced, just as no factor is of greater importance in therapeutics than the atmosphere of hope and trust produced, whether in home or hospital, by a skilful physician. In each case this atmosphere is produced in the main by suggestion, and in education as in medicine this success is the greater the more unwittingly this agency is used. The success of a great teacher, or that which so often comes to new movements in education even when based on wrong principles, is due to the infective enthusiasm and personality of the teacher acting through an agency quite distinct from the matter he teaches. As in medicine, the danger to which such a teacher is open is that he may rely too greatly on this influence and fail to recognise its conflict with the principles of self-knowledge and self-reliance.

The principles which I have here put forward as suited for the treatment of mental disorders of the individual are equally appropriate to the treatment of the faulty trends and disorders of society as a whole.

The statesman whose duty it is to find remedies for such faulty trends and disorders has, like the physician of the individual, to discover the deeper conditions by which they have been produced and may do much to amend the evil by remedies based upon this knowledge. He can hardly, however, expect a lasting cure unless he tell the people what is wrong and where they have gone astray. Without such self-knowledge his work is liable to be upset by later conditions which would be innocuous if the community had been led to see and understand the nature of their earlier misfortunes.

Moreover, the self-knowledge of the community is like that of the individual in that the social group is even more subject than the individuals of which it is composed to the influence of conditions lying deeply beneath the surface. It is generally recognised that the factors upon which social disorders depend usually go far back in the history of the people, factors, not only in conflict with later social standards, but also in many cases with existing social conditions. To understand the evil and find the right remedy, inquiries are needed which go so far into the past that they lie altogether outside the memories of the people and can only be reached by special processes of historical research and sociological reasoning. These factors belong just as much to the unconscious of the folk-mind as the factors producing a neurosis or psychosis belong to the unconscious region of the individual mind.

The importance of self-reliance in disorders of the body politic is as great as that of self-knowledge. A nation which refuses to face the facts and is content to swallow every placebo and nostrum of its politicians cannot expect to gain thereby the permanent improvement of any disorders by which it is affected. Even if the remedies of its rulers be wise, only a temporary effect can be expected if the people rely too much on this wisdom and fail to make a united effort to remedy the faults of their society.

It is less easy to compare the rôle of suggestion in the group with that it takes in determining the fate of the individual. Suggestion is essentially a process tending to produce unanimity in the social group, and its action is even more inevitable when we are dealing with social than with individual disorders. The physician who knows that suggestion cannot be excluded, but that its influence may be for good or evil, will be forewarned and forearmed, and this is equally true of the statesman. Suggestion is responsible for panic or collapse, just as it

may be responsible for harmony to a more useful end. The wise statesman who understands the pervasive and yet elusive nature of this agency, may by such understanding do much to avert its more malign aspects and turn it to a useful purpose, while a people who understand may be prevented from falling victims to the excesses of which this agency is capable. In the society as with the individual the potency of suggestion is the greater, the more unwittingly it is in action. And as in medicine its greatest dangers may be averted through knowledge, so may much be done to avert danger and make suggestion an instrument for good in social and political life if its nature and mode of action are understood.

Closely connected both with education and statesmanship is the subject of ethical training. Here the importance of self-knowledge and self-reliance is so well recognised that it is not necessary to dwell upon it at length. It must be enough to point out that the principles so universally accepted as the means of treating faulty trends in those aspects of behaviour which, though clearly abnormal, are yet usually regarded as lying within the bounds of health, have been shown in this lecture to hold good for the correction of morbid tendencies which lie definitely within the region of disease. The modern theory of psychological medicine supports the close relation between mental disease and crime to which all recent developments in sociology and jurisprudence are tending. Moreover, if the principles of psychological medicine here put forward are accepted, they should remove, or go far towards removing, the obstacle to the acceptance of this close relation which is presented by the problem of moral responsibility. It will be seen that the recognition of crime as a manifestation of disease, far from implying an absence of responsibility, would on the lines laid down in this lecture lead us logically to treatment which does not differ greatly from that implying such responsibility. The mode of treating crime and moral disorder which is suggested by its relationship to disease differs from the older method in that the erring person would not be merely exhorted to exert his will, but would be shown how his faulty trend has been produced and would thus be assisted in the application of his voluntary efforts.

It is a striking fact that the organisation which has by long experience acquired the most highly developed system of treating moral defect, the Catholic Church, lays great stress on the apparently minor

faults which have led up to definitely immoral conduct, and directs the attention and efforts of the penitent to these quite as much as to the conduct which is the immediate occasion for penance. This close resemblance of the traditional practice of the Catholic Church with that of the most modern systems of psycho-therapy leads me to the place of religion in psychological medicine. From one point of view the use of religious motives in treating mental disorder is definitely in conflict with the principle of self-reliance. For the essence of religion is that it inculcates reliance upon a power other than that of the sufferer. Some degree of such conflict there must always be, and in many of the forms in which religion is adopted as a therapeutic agency, this conflict is pronounced. But in the most recent developments of religious doctrine, in which it is recognised that the higher power acts through normal mental process, the conflict becomes of no great account. The modern religious teacher does not tell the sufferer that he will get rid of his troubles by the mere act of faith, but counsels self-examination and self-help. To put his advice into simple language, he says that God only helps those who help themselves, and thus adopts a line which in essentials is that advocated in this lecture. In thus treating religion as a therapeutic agency, I recognise that I am dealing only with one aspect of the matter. I could not, however, leave the subject wholly on one side. It is necessary that those who employ religious agencies in the treatment of disease, whether they be physicians or priests, should realise that in so doing they are running in some degree counter to one of the principles of psychological medicine, for if this fact is recognised they will avoid the evils which might accompany too crude an application of the religious agency. Moreover, no treatment of the subject of mind and medicine would be complete which ignores religion. One of the most striking results of the modern developments of our knowledge concerning the influence of mental factors in disease is that they are bringing back medicine in some measure to that co-operation with religion which existed in the early stages of human progress.

ABERDEEN: THE UNIVERSITY PRESS

UNIV. OF
CALIFORNIA

2. A BOOKE IN ENGLYSH METRE, of the Great Marchaunt man called "Dives Pragmaticus". . . . 1563. . . . With an introduction by Percy E. Newbery; and remarks on the vocabulary and dialect with a glossary by Henry C. Wyld. 1910. 4to, pp. xxxviii, 16. 5s. *net.*

*** The tract here reproduced is believed to be the sole surviving copy of a quaint little primer which had the laudable object of instructing the young in the names of trades, professions, ranks, and common objects of daily life in their own tongue.

3. A LITIL BOKE the whiche traytied and reherced many gode thinges necessaries for the . . . Pestilence . . . made by the . . . Bisshop of Arusiens. . . . [London], [1485 ?]. . . . With an introduction by Guthrie Vine. 1910. 4to, pp. xxxvi, 18. 5s. *net.*

*** Of this little tract, consisting of nine leaves, written by Benedict Kanuti, or Knutsson, Bishop of Västerås, three separate editions are known, but only one copy of each, and an odd leaf are known to have survived.

There is no indication in any edition of the place of printing, date or name of printer, but they are all printed in one of the five types employed by William de Machlinia, who printed first in partnership with John Lettou and afterwards alone in the City of London, at the time when William Caxton was at the most active period of his career at Westminster.

WOODCUTS OF THE FIFTEENTH CENTURY IN THE JOHN RYLANDS LIBRARY. Reproduced in facsimile. With an introduction and descriptive notes by Campbell Dodgson M.A. Folio. Ten plates, of which two are in colour, and 16 pp. of text, in a portfolio. 7s. 6d. *net.*

*** Two of these woodcuts are of exceptional interest and importance, and have been known and celebrated for a century and a half, but have not hitherto been reproduced in a satisfactory manner by any of the modern photo-mechanical processes. The two woodcuts referred to represent "St. Christopher" and "The Annunciation," the former of which has acquired a great celebrity by reason of the date (1423) which it bears, and which, until recently, gave to it the unchallenged position of the first dated woodcut.

THE ODES AND PSALMS OF SOLOMON. Facsimile in collotype of the original Syriac manuscript in the John Rylands Library, accompanied by a typographical reprint or transliteration of the text, a revised translation in English Versicles, and an exhaustive introduction dealing with the variations of the fragmentary manuscripts in the British Museum, the accessory patristic testimonies, and a summary of the most important criticisms that have appeared since its first publication in 1909. By J. Rendel Harris, M.A., D.Litt., etc., Hon. Fellow of Clare College, Cambridge, and Alphonse Mingana, D.D. 2 vols. 4to.

Vol. 1 : The text, with facsimile reproductions. 10s. 6d. *net.*

Vol. 2 : Translation and introduction. 1 guinea *net.*

THE ASCENT OF OLYMPUS. By Rendel Harris. Demy 8vo. Pp. 140. 20 Illustrations. 5s. *net.*

*** A reprint, with corrections, expansions, justifications, and additional illustrations, of the four articles on Greek Mythology, which have appeared in the "Bulletin" from time to time.

THE EVOLUTION OF THE DRAGON. By G. Elliot Smith, M.A., M.D., F.R.S Demy 8vo. Illustrations. 10s. 6d. *net.*

*** An elaboration of the lectures: "Incense and Libations," "Dragons and Rain Gods, and "The Birth of Aphrodite".

CATALOGUE OF THE WESTERN MANUSCRIPTS IN THF JOHN RYLANDS LIBRARY. Part I: Latin Manuscripts, Nos. 1-185. By Montague Rhodes James, Litt.D., etc. 2 vols. 4to. 200 plates of facsimiles. 3 guineas *net.* (*Shortly.*)

Vol. 1 : Descriptive catalogue, with indexes of contents, place names, proper names, saints, illustrations, etc. Pp. xvi, 328.

Vol. 2 : Facsimiles in collotype.

*** The collection here described includes examples, of first-class quality, of the art and calligraphy of all the great schools of Europe.

BULLETIN OF THE JOHN RYLANDS LIBRARY. A quarterly publication, which in addition to notes and news respecting the Library, with lists of the most recent additions to the shelves, includes original articles by leading scholars, which are of permanent value and interest. 1s. *net.*

THE JOHN RYLANDS LECTURE SERIES.

Demy 8vo. 1s. *net*, each, unless otherwise stated.

THE STORY OF PETERLOO. Written for the Centenary, August 16th, 1919. Pp. 45. 6 Illustrations and Plan. By F. A. Bruton, M.A.

THE YOUTH OF VERGIL. By R. S. Conway, Litt.D. Pp. 28.

THE VENETIAN POINT OF VIEW IN ROMAN HISTORY. By R. S. Conway, Litt.D.

THE ORIGIN OF THE CULT OF APHRODITE. By Rendel Harris, M.A., D.Litt., etc. Pp. 30 9 Illustrations.

THE ORIGIN OF THE CULT OF APOLLO. By Rendel Harris, M.A., D.Litt., etc. Pp. 40. Frontispiece and illustrations.

THE ORIGIN OF THE CULT OF ARTEMIS. By Rendel Harris, M.A., D.Litt., etc. Pp. 39. Illustrations.

THE ORIGIN OF THE CULT OF DIONYSOS. By Rendel Harris, M.A., D.Litt., etc. Pp. 17.

THE ORIGIN AND MEANING OF APPLE CULTS. By Rendel Harris, M.A., D.Litt, D.Theol., etc. Pp. 52. Illustrations.

NATIONAL AND INTERNATIONAL IDEALS IN THE ENGLISH POETS. By C. H. Herford, M.A., Litt.D. Pp. 24.

NORSE MYTH IN ENGLISH POETRY. By C. H. Herford, M.A., Litt.D. Pp. 31.

THE POETRY OF LUCRETIUS. By C. H. Herford, M.A., Litt.D. Pp. 26.

SOME EARLY JUDÆO-CHRISTIAN DOCUMENTS IN THE JOHN RYLANDS LIBRARY: 1. A new life of Clement of Rome; 2. The Book of Shem son of Noah; 3. Fragment from the Philosopher Andronicus and Asaph, the Historian of the Jews. Syriac Texts, edited with English translations by Alphonse Mingana, D.D. Pp. 62. (Price 2s.)

THE QUINTESSENCE OF PAULINISM. By A. S. Peake, M.A., D.D. Pp. 31.

BIBLIOGRAPHICAL NOTES FOR STUDENTS OF THE NEW TESTAMENT. By A. S. Peake, M.A., D.D. Pp. 10. (Price 6d.)

WAR AND CIVILIZATION. By W. J. Perry, B.A. Illustrated with 9 sketch maps. (Price 1s. 6d.)

SOME NOTES ON SHAKESPEARE'S STAGE AND PLAYS. By William Poel, Founder of the Elizabethan Stage Society. Pp. 16. 3 Illustrations.

PROMINENT POINTS IN THE LIFE AND WRITINGS OF SHAKESPEARE. Arranged in four tables, with notes, by William Poel. (Price 2s.)

A PURITAN IDYLL: RICHARD BAXTER (1615-1691) AND HIS LOVE STORY. By Frederick J. Powicke, M.A., Ph.D.

DREAMS AND PRIMITIVE CULTURE. By W. H. R. Rivers, M.A., M.D., F.R.S., F.R.C.P. Pp. 28.

MIND AND MEDICINE. By W. H. Rivers, M.A., M.D., F.R.S., F.R.C.P. Pp. 23.

THE INFLUENCE OF ANCIENT EGYPTIAN CIVILIZATION IN THE EAST AND IN AMERICA. By G. Elliot Smith, M.A., M.D., F.R.S. Pp. 32. 7 Illustrations.

THE MODERN GREEK AND HIS ANCESTRY. By Alfred Thumb, Dr.Phil., Litt.D. Pp. 27.

THE ENGLISH CIVIL SERVICE IN THE FOURTEENTH CENTURY. By T. F. Tout, M.A., F.B.A. Pp. 32.

A MEDIÆVAL BURGLARY. By T. F. Tout, M.A., F.B.A. Pp. 24. 2 Illustrations.

MEDIÆVAL TOWN PLANNING. By T. F. Tout, M.A., F.B.A. Pp. 35. 11 Illustrations. (Price 1s. 6d.)

MEDIÆVAL AND MODERN WARFARE. By T. F. Tout, M.A., F.B.A. Pp. 28.

MEDIÆVAL FORGERS AND FORGERIES. By T. F. Tout, M.A., F.B.A. Pp. 31.